

2022 TAX RETURN

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Client: 0829-SC

Prepared for: 6 TO 9 DENTAL TEXAS PLLC
2603 SE MILITARY DR #103
SAN ANTONIO, TX 78223
(650) 796-1341

Prepared by: CODY R. CALDWELL, CPA
MOSS, LUSE & WOMBLE, LLC
5160 TENNYSON PWKY STE 2000W
PLANO, TX 75024
(972) 674-2584

Date: APRIL 21, 2023

Comments:

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Route to: _____

MOSS, LUSE & WOMBLE, LLC

5160 TENNYSON PWKY STE 2000W

PLANO, TX 75024

(972) 674-2584

Client 0829-SC

April 21, 2023

6 TO 9 DENTAL TEXAS PLLC

2603 SE MILITARY DR #103

SAN ANTONIO, TX 78223

(650) 796-1341

FEDERAL FORMS

Form 1120S	2022 U.S. S Corporation Income Tax Return
Schedule D	Capital Gains and Losses
Schedule K-1	Shareholder's Income, Deductions, Credits, etc
Form 1125-E	Compensation of Officers
Form 7004	Automatic Extension of Time to File
Form 7203	S Corporation Shareholder Basis Limitation
Form 8879-CORP	E-file Authorization for Corporations
	Depreciation Schedules

TEXAS FORMS

Form 05-158-A	Texas Franchise Tax Report
Form 05-158-B	Texas Franchise Report - Page 2
Form 05-102	Texas Public Information Report

FEE SUMMARY

Preparation Fee	\$ 2,100.00
Discount - Bundled Package	(540.00)
Paid - Included in Monthly Fee	(1,560.00)
Amount Due	\$ 0.00

2022**FEDERAL INCOME TAX SUMMARY****PAGE 1****6 TO 9 DENTAL TEXAS PLLC****27-5384348**

	2022	2021	DIFF
ORDINARY INCOME			
GROSS RECEIPTS LESS RETURNS/ALLOWANCE....	1,512,990	1,825,124	-312,134
GROSS PROFIT.....	1,512,990	1,825,124	-312,134
OTHER INCOME.....	0	41,212	-41,212
TOTAL INCOME (LOSS).....	1,512,990	1,866,336	-353,346
ORDINARY DEDUCTIONS			
COMPENSATION OF OFFICERS.....	129,654	88,461	41,193
SALARIES/WAGES (LESS EMPLOYMENT CR.).....	588,104	771,787	-183,683
REPAIRS AND MAINTENANCE.....	71,604	18,322	53,282
RENTS.....	69,747	88,305	-18,558
TAXES AND LICENSES.....	67,608	76,334	-8,726
INTEREST.....	131,607	215,467	-83,860
DEPRECIATION.....	1,340	1,340	0
ADVERTISING.....	3,459	3,649	-190
EMPLOYEE BENEFIT PROGRAMS.....	5,013	15,281	-10,268
OTHER DEDUCTIONS.....	323,772	540,349	-216,577
TOTAL DEDUCTIONS.....	1,391,908	1,819,295	-427,387
ORDINARY BUSINESS INCOME (LOSS).....	121,082	47,041	74,041
REFUND OR AMOUNT DUE			
BALANCE DUE.....	0	0	0
SCHEDULE K - INCOME			
ORDINARY BUSINESS INCOME (LOSS).....	121,082	47,041	74,041
INTEREST INCOME.....	428	8	420
NET LONG-TERM CAPITAL GAIN (LOSS).....	444,552	0	444,552
SCHEDULE K - ALTERNATIVE MINIMUM TAX ITEMS			
POST-1986 DEPRECIATION ADJUSTMENT.....	-9,739	-19,479	9,740
SCHEDULE K - ITEMS AFFECTING BASIS			
OTHER TAX-EXEMPT INCOME.....	0	170,425	-170,425
NONDEDUCTIBLE EXPENSES.....	6,133	0	6,133
PROPERTY DISTRIBUTIONS.....	621,549	162,632	458,917
SCHEDULE K - OTHER INFORMATION			
INVESTMENT INCOME.....	428	8	420
INCOME (LOSS) RECONCILIATION.....	566,062	47,049	519,013
SCHEDULE L - BALANCE SHEET			
BEGINNING ASSETS.....	3,437,761	1,821,753	1,616,008
BEGINNING LIABILITIES & EQUITY.....	3,437,761	1,821,753	1,616,008
ENDING ASSETS.....	3,426,538	3,437,761	-11,223
ENDING LIABILITIES & EQUITY.....	3,426,538	3,437,761	-11,223

2022**FEDERAL BALANCE SHEET SUMMARY****PAGE 1****6 TO 9 DENTAL TEXAS PLLC****27-5384348****ENDING ASSETS**

CASH.....		7,727
OTHER CURRENT ASSETS.....		8,219
LOANS TO SHAREHOLDERS.....		3,350,150
BUILDINGS AND OTHER ASSETS.....	607,630	
LESS: ACCUMULATED DEPRECIATION.....	(569,377)	38,253
INTANGIBLE ASSETS.....	32,213	
LESS: ACCUMULATED AMORTIZATION.....	(10,024)	22,189
TOTAL ASSETS.....		3,426,538

ENDING LIABILITIES & EQUITY

SHORT-TERM NOTES PAYABLE.....		88,464
OTHER CURRENT LIABILITIES.....		512,334
LONG-TERM NOTES PAYABLE.....		3,706,496
CAPITAL STOCK.....		1,000
RETAINED EARNINGS.....		-881,756
TOTAL LIABILITIES AND EQUITY.....		3,426,538

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2022**TEXAS INCOME TAX SUMMARY****PAGE 1****6 TO 9 DENTAL TEXAS PLLC****27-5384348**

	2022	2021	DIFF
REVENUE			
GROSS RECEIPTS OR SALES.....	1,512,990	1,825,124	-312,134
INTEREST.....	428	8	420
GAINS/LOSSES.....	444,552	0	444,552
OTHER INCOME.....	0	41,212	-41,212
TOTAL GROSS REVENUE.....	1,957,970	1,866,344	91,626
TOTAL REVENUE.....	1,957,970	1,866,344	91,626
COMPENSATION			
WAGES AND CASH COMPENSATION.....	1,117,758	0	1,117,758
EMPLOYEE BENEFITS.....	5,013	0	5,013
TOTAL COMPENSATION.....	1,122,771	0	1,122,771
MARGIN			
PERCENT MARGIN.....	1,370,579	0	1,370,579
COGS MARGIN.....	1,957,970	0	1,957,970
COMPENSATION MARGIN.....	835,199	0	835,199
LESS THAN 1 MILLION MARGIN.....	957,970	0	957,970
MARGIN.....	835,199	0	835,199
APPORTIONMENT FACTOR			
GROSS RECEIPTS IN TEXAS.....	1,957,970	1,866,344	91,626
GROSS RECEIPTS EVERYWHERE.....	1,957,970	1,866,344	91,626
APPORTIONMENT FACTOR.....	1.00000	1.00000	0.00000
TAXABLE MARGIN			
APPORTIONED MARGIN.....	835,199	0	835,199
TAXABLE MARGIN.....	835,199	0	835,199
APPORTIONED REVENUE (EZ COMPUTATION).....	0	1,866,344	-1,866,344
TAX DUE			
TAX RATE.....	0.7500%	0.0000%	0.7500%
TAX DUE.....	6,264	0	6,264
TAX ADJUSTMENTS			
TAX DUE BEFORE DISCOUNT.....	6,264	6,178	86
AMOUNT DUE AND PAYABLE			
TOTAL AMOUNT DUE AND PAYABLE.....	6,264	6,178	86
TAX RATES			
MARGINAL TAX RATE.....	0.8%	0.0%	0.8%
EFFECTIVE TAX RATE.....	0.8%	0.0%	0.8%

2022

GENERAL INFORMATION

PAGE 1

6 TO 9 DENTAL TEXAS PLLC

27-5384348

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1120S, SCH D, SCH K-1, 1125-E, 7004, 7203, 8879-CORP, ELECTIONS
TEXAS: 05-158-A, 05-158-B, 05-102

TAX RATES

TEXAS

0.75%

CARRYOVERS TO 2023

NONE

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Form **7203**

(Rev. December 2022)

Department of the Treasury
Internal Revenue Service**S Corporation Shareholder Stock and
Debt Basis Limitations**

Attach to your tax return.

Go to www.irs.gov/Form7203 for instructions and the latest information.

OMB No. 1545-2302

Attachment
Sequence No. **203**

Name of shareholder

VIRGINIA HUMPHREY

Identifying number

[REDACTED]

A Name of S corporation

6 TO 9 DENTAL TEXAS PLLC

B Employer identification number

27-5384348

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:

(1) ☒ Original shareholder (2) ☐ Purchased (3) ☐ Inherited (4) ☐ Gift (5) ☐ Other: _____E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation. ☐**Part I Shareholder Stock Basis**

1	Stock basis at the beginning of the corporation's tax year.	1	55,107.
2	Basis from any capital contributions made or additional stock acquired during the tax year.	2	
3a	Ordinary business income (enter losses in Part III)	3a	121,082.
b	Net rental real estate income (enter losses in Part III)	3b	
c	Other net rental income (enter losses in Part III)	3c	
d	Interest income	3d	428.
e	Ordinary dividends	3e	
f	Royalties	3f	
g	Net capital gains (enter losses in Part III)	3g	444,552.
h	Net section 1231 gain (enter losses in Part III)	3h	
i	Other income (enter losses in Part III)	3i	
j	Excess depletion adjustment	3j	
k	Tax-exempt income	3k	
l	Recapture of business credits	3l	
m	Other items that increase stock basis	3m	
4	Add lines 3a through 3m.	4	566,062.
5	Stock basis before distributions. Add lines 1, 2, and 4.	5	621,169.
6	Distributions (excluding dividend distributions). Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.	6	621,549.
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15.	7	0.
8a	Nondeductible expenses	8a	
b	Depletion for oil and gas	8b	
c	Business credits (sections 50(c)(1) and (5))	8c	
9	Add lines 8a through 8c.	9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15.	10	
11	Allowable loss and deduction items. Enter the amount from line 47, column (c).	11	
12	Debt basis restoration (see net increase in instructions for line 23)	12	
13	Other items that decrease stock basis	13	
14	Add lines 11, 12, and 13.	14	
15	Stock basis at the end of the corporation's tax year. Subtract line 14 from line 10. If the result is zero or less, enter -0-.	15	0.

Part II Shareholder Debt Basis**Section A — Amount of Debt** (If more than three debts, see instructions.)

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	<input type="checkbox"/> Formal note <input type="checkbox"/> Open account	
16 Loan balance at the beginning of the corporation's tax year.				0.
17 Additional loans (see instructions).				
18 Loan balance before repayment. Add lines 16 and 17.				0.
19 Principal portion of debt repayment (this line doesn't include interest)				
20 Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18.				0.

Part II Shareholder Debt Basis (continued) VIRGINIA HUMPHREY**Section B – Adjustments to Debt Basis**

Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21 Debt basis at the beginning of the corporation's tax year.				0.
22 Enter the amount, if any, from line 17.				
23 Debt basis restoration (see instructions) ...				
24 Debt basis before repayment. Add lines 21, 22, and 23.				0.
25 Divide line 24 by line 18.				
26 Nontaxable debt repayment. Multiply line 25 by line 19.				
27 Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24. ...				0.
28 Nondeductible expenses and oil and gas depletion deductions in excess of stock basis.				
29 Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				0.
30 Allowable losses in excess of stock basis. Enter the amount from line 47, column (d) . .				
31 Debt basis at the end of the corporation's tax year. Subtract line 30 from line 29. If the result is zero or less, enter -0-				0.

Section C – Gain on Loan Repayment

32 Repayment. Enter the amount from line 19.				
33 Nontaxable repayments. Enter the amount from line 26.				
34 Reportable gain. Subtract line 33 from line 32.				

Part III Shareholder Allowable Loss and Deduction Items

Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35 Ordinary business loss.					
36 Net rental real estate loss.					
37 Other net rental loss.					
38 Net capital loss.					
39 Net section 1231 loss.					
40 Other loss.					
41 Section 179 deductions.					
42 Charitable contributions.					
43 Investment interest expense.					
44 Section 59(e)(2) expenditures.					
45 Other deductions.					
46 Foreign taxes paid or accrued.					
47 Total loss. Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30.	0.	0.	0.	0.	0.

2022

E-FILE PAYMENT RECORD - BALANCE DUE

PAGE 1

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27-5384348

Form Payment Record

THE TAXPAYER'S BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE TEXAS ELECTRONIC PAYMENT INPUT FIELDS IN SCREEN 3.1

Name of Bank

WELLS FARGO

Routing Transit Number

[REDACTED]

Bank Account Number

[REDACTED]

Type of Account

CHECKING

Amount of Tax Payment

6,264.

Tax Type

05-158

Requested Payment Date

5/15/23

Taxpayer's Daytime Phone Number

650-796-1341

Form **8879-CORP** (12-2022)

Form **7004**

(Rev. December 2018)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns**

► File a separate application for each return.

► Go to www.irs.gov/Form7004 for instructions and the latest information.

OMB No. 1545-0233

**Print
or
Type**

Name

6 TO 9 DENTAL TEXAS PLLC

Number, street, and room or suite no. (If P.O. box, see instructions.)

2603 SE MILITARY DR #103

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

SAN ANTONIO, TX 78223

Identifying number

27-5384348

Note: File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for. 25

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here. ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here. ☐
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here. ☐
- 5 a The application is for calendar year 20 22, or tax year beginning _____, 20 __, and ending _____, 20 __.
- b **Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions – attach explanation.)

6 Tentative total tax	6	0.
7 Total payments and credits. See instructions	7	0.
8 Balance due. Subtract line 7 from line 6. See instructions	8	0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

CPCZ0701L 08/09/18

Form **7004** (Rev. 12-2018)

Form 1120-S (2022) 6 TO 9 DENTAL TEXAS PLLC

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Schedule B Other Information (see instructions)				Yes	No
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____					
2 See the instructions and enter the: a Business activity <u>SERVICES</u> b Product or service <u>DENTAL SERVICES</u>					
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation					X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.					X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made	
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.					X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital	
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.					X
(i) Total shares of restricted stock.					
(ii) Total shares of non-restricted stock.					
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.					X
(i) Total shares of stock outstanding at the end of the tax year.					
(ii) Total shares of stock outstanding if all instruments were executed.					
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments. <input type="checkbox"/>					
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions. \$ _____					
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions.					X
10 Does the corporation satisfy one or more of the following? See instructions.					X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.					
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.					
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).					
11 Does the corporation satisfy both of the following conditions?					X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.					
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.					

Form 1120-S (2022) 6 TO 9 DENTAL TEXAS PLLC

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Schedule B	Other Information (see instructions) (continued)	Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction. \$		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions.		X
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?	X	
b	If "Yes," did or will the corporation file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15. \$		

Schedule K	Shareholders' Pro Rata Share Items	Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	121,082.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	428.
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	444,552.
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions). Type:	10	
	11 Section 179 deduction (attach Form 4562)	11	
Credits	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures	12c	
	d Other deductions (see instructions). Type:	12d	
	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instrs)	13d	
	e Other rental credits (see instructions). Type:	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
International	g Other credits (see instructions). Type:	13g	
	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	-9,739.
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties — gross income	15d	
	e Oil, gas, and geothermal properties — deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	6,133.
	d Distributions (attach stmt if required) (see instrs)	16d	621,549.
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

BAA

SPSA0134 09/14/22

Form 1120-S (2022)

Form 1120-S (2022) 6 TO 9 DENTAL TEXAS PLLC

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Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17 a Investment income	17 a	428.
	b Investment expenses	17 b	
	c Dividend distributions paid from accumulated earnings and profits	17 c	
	d Other items and amounts (attach statement) SEE STATEMENT 3		
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	566,062.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		23,032.		7,727.
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()	()		
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt) SEE ST. 4.		649.		8,219.
7	Loans to shareholders		3,350,150.		3,350,150.
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10 a	Buildings and other depreciable assets	607,630.		607,630.	
b	Less accumulated depreciation	(568,037.)	39,593.	(569,377.)	38,253.
11 a	Depletable assets				
b	Less accumulated depletion	()	()		
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)	32,213.		32,213.	
b	Less accumulated amortization	(7,876.)	24,337.	(10,024.)	22,189.
14	Other assets (attach stmt)				
15	Total assets		3,437,761.		3,426,538.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		85,484.		88,464.
18	Other current liabilities (attach stmt) SEE ST. 5.		585,659.		512,334.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		3,141,202.		3,706,496.
21	Other liabilities (attach statement)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings		-375,584.		-881,756.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock	()	()	()	()
27	Total liabilities and shareholders' equity		3,437,761.		3,426,538.

SPSA0134 09/14/22

Form 1120-S (2022)

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books.....	115,377.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest. \$	
	SEE STATEMENT 6 444,552.	444,552.			
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a	Depreciation. \$		a	Depreciation ... \$	
b	Travel and entertainment \$				
	SEE STATEMENT 7 6,133.	6,133.	7	Add lines 5 and 6.....	0.
4	Add lines 1 through 3.....	566,062.	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4.	566,062.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year.....	0.		54,842.
2	Ordinary income from page 1, line 21.....	121,082.		
3	Other additions.... SEE STATEMENT 8.....	444,980.		
4	Loss from page 1, line 21.....	()		
5	Other reductions.... SEE STATEMENT 9.....	(6,133.)		()
6	Combine lines 1 through 5.....	559,929.		54,842.
7	Distributions.....	559,929.		54,842.
8	Balance at end of tax year. Subtract line 7 from line 6.....	0.		

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**SCHEDULE D
(Form 1120-S)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses and Built-in Gains**

Attach to Form 1120-S.

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Go to www.irs.gov/Form1120S for instructions and the latest information.

OMB No. 1545-0123

2022

Name **6 TO 9 DENTAL TEXAS PLLC** Employer identification number **27-5384348**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off the cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Tax on short-term capital gain included on line 23 below				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Form 1120-S, Schedule K, line 7 or 10				7

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off the cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	444,552.			444,552.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Long-term capital gain from installment sales from Form 6252, line 26 or 37				11
12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				12
13 Capital gain distributions (see instructions)				13
14 Tax on long-term capital gain included on line 23 below				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Enter here and on Form 1120-S, Schedule K, line 8a or 10				15 444,552.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S.

Schedule D (Form 1120-S) 2022

Part III Built-in Gains Tax (See instructions **before** completing this part.)

16	Excess of recognized built-in gains over recognized built-in losses (attach computation statement)	16	
17	Taxable income (attach computation statement)	17	
18	Net recognized built-in gain. Enter the smallest of line 16, line 17, or line 8 of Schedule B	18	
19	Section 1374(b)(2) deduction	19	
20	Subtract line 19 from line 18. If zero or less, enter -0- here and on line 23	20	
21	Enter 21% (0.21) of line 20	21	
22	Section 1374(b)(3) business credit and minimum tax credit carryforwards from C corporation years	22	
23	Tax. Subtract line 22 from line 21 (if zero or less, enter -0-). Enter here and on Form 1120-S, page 1, line 22b	23	

Schedule D (Form 1120-S) 2022

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671121

Schedule K-1
(Form 1120-S)Department of the Treasury
Internal Revenue Service**2022**

For calendar year 2022, or tax year

beginning / / ending / /

Shareholder's Share of Income, Deductions, Credits, etc.
See separate instructions.☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

Part I Information About the Corporation

A	Corporation's employer identification number 27-5384348
B	Corporation's name, address, city, state, and ZIP code 6 TO 9 DENTAL TEXAS PLLC 2603 SE MILITARY DR #103 SAN ANTONIO, TX 78223
C	IRS Center where corporation filed return E-FILE
D	Corporation's total number of shares Beginning of tax year 100 End of tax year 100

Part II Information About the Shareholder

E	Shareholder's identifying number [REDACTED]
F	Shareholder's name, address, city, state, and ZIP code VIRGINIA HUMPHREY 13701 TRAILSIDE LN LIVE OAK, TX 78233
G	Current year allocation percentage 100 %
H	Shareholder's number of shares Beginning of tax year 100 End of tax year 100
I	Loans from shareholder Beginning of tax year \$ End of tax year \$

FOR
IRS
USE
ONLY**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 121,082.	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income 428.		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items A -9,739.
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss) 444,552.		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C 6,133.
10	Other income (loss)	D	621,549.
		17	Other information A 428.
11	Section 179 deduction	AC	1,957,970.
12	Other deductions	V*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		

*See attached statement for additional information.

6 TO 9 DENTAL TEXAS PLLC 27-5384348

SCHEDULE K-1 (FORM 1120S) 2022

SUPPLEMENTAL INFORMATION

PAGE 2

SUPPLEMENTAL INFORMATION

THIS SHAREHOLDER WILL NOT RECEIVE SCHEDULE K-3 FROM THE S CORPORATION UNLESS THE SHAREHOLDER REQUESTS THE SCHEDULE.

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SHAREHOLDER 1 : VIRGINIA HUMPHREY

Statement A—QBI Pass-through Entity Reporting (Schedule K-1, Box 17, Code V)

S corporation's name: 6 TO 9 DENTAL TEXAS PLLC		S corporation's EIN: 27-5384348	
Shareholder's name: VIRGINIA HUMPHREY		Shareholder's identifying number: [REDACTED]	

	6 TO 9 DENTAL TEXAS PLLC		
Shareholder's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input checked="" type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)	121,082.	
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages		717,758.	
UBIA of qualified property		177,971.	
Section 199A dividends			

Shareholder's share of:	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP
	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated
	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB

QBI or qualified PTP items subject to shareholder-specific determinations:			
	Ordinary business income (loss)		
	Rental income (loss)		
	Royalty income (loss)		
	Section 1231 gain (loss)		
	Other income (loss)		
	Section 179 deduction		
	Other deductions		
W-2 wages			
UBIA of qualified property			

2022**FEDERAL STATEMENTS****PAGE 1****6 TO 9 DENTAL TEXAS PLLC****27-5384348****STATEMENT 1
FORM 1120S, LINE 19
OTHER DEDUCTIONS**

ACCOUNTING.....	\$	8,400.
AMORTIZATION.....		2,148.
AUTO AND TRUCK EXPENSE.....		457.
COMPUTER AND INTERNET EXPENSES.....		8,858.
CONTINUING EDUCATION.....		470.
CONTRACT LABOR.....		39,495.
CREDIT CARD AND BANK FEES.....		18,609.
DENTAL SUPPLIES.....		99,256.
DUES AND SUBSCRIPTIONS.....		1,410.
FLOWERS AND GIFTS.....		418.
INSURANCE.....		5,707.
LABORATORY FEES.....		38,030.
LAUNDRY AND UNIFORMS.....		731.
LEGAL FEES.....		39,022.
MEALS.....		755.
MEDICAL WASTE DISPOSAL.....		563.
OFFICE EXPENSE.....		9,256.
OFFICE SUPPLIES.....		12,272.
POSTAGE AND SHIPPING.....		1,347.
SECURITY.....		1,455.
TELECOM.....		9,477.
TRANSITION EXPENSES.....		1,236.
TRAVEL AND LODGING.....		15,913.
UTILITIES.....		8,487.
TOTAL	\$	323,772.

**STATEMENT 2
FORM 1120S, SCHEDULE K, LINE 14
EXCEPTION TO FILING SCHEDULE K-2**

THIS S CORPORATION QUALIFIED FOR EXCEPTION TO FILING SCHEDULE K-2.

**STATEMENT 3
FORM 1120S, SCHEDULE K, LINE 17D
OTHER ITEMS AND AMOUNTS**

GROSS RECEIPTS FOR SECTION 448(C)..... \$ 1,957,970.

**STATEMENT 4
FORM 1120S, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS**

	BEGINNING	ENDING
DUE FROM TREASURY - 941.....	\$ 0.	\$ 81.
EMPLOYEE ADVANCE.....	649.	0.
PREPAID PAYROLL TAXES.....	0.	8,138.
TOTAL	\$ 649.	\$ 8,219.

2022**FEDERAL STATEMENTS****PAGE 2****6 TO 9 DENTAL TEXAS PLLC****27-5384348****STATEMENT 5
FORM 1120S, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES**

	BEGINNING	ENDING
DUE TO EMPLOYEES.....	\$ 17,702.	\$ 4,643.
INTERCOMPANY.....	567,802.	507,350.
PAYROLL LIABILITIES.....	155.	341.
TOTAL	<u>\$ 585,659.</u>	<u>\$ 512,334.</u>

**STATEMENT 6
FORM 1120S, SCHEDULE M-1, LINE 2
INCOME ON SCHEDULE K NOT ON BOOKS**

DISTRIBUTIONS IN EXCESS OF BASIS.....	\$ 444,552.
TOTAL	<u>\$ 444,552.</u>

**STATEMENT 7
FORM 1120S, SCHEDULE M-1, LINE 3
EXPENSES ON BOOKS NOT ON SCHEDULE K**

OFFICERS LIFE INSURANCE PREMIUMS.....	\$ 6,133.
TOTAL	<u>\$ 6,133.</u>

**STATEMENT 8
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 3
OTHER ADDITIONS**

INTEREST INCOME.....	\$ 428.
LONG-TERM CAPITAL GAIN.....	444,552.
TOTAL	<u>\$ 444,980.</u>

**STATEMENT 9
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5
OTHER REDUCTIONS**

OFFICERS LIFE INSURANCE PREMIUMS.....	\$ 6,133.
TOTAL	<u>\$ 6,133.</u>

2022

GENERAL ELECTIONS

PAGE 1

6 TO 9 DENTAL TEXAS PLLC

27-5384348

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE CORPORATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION 1.263(A)-1(F) .

6 TO 9 DENTAL TEXAS PLLC
2603 SE MILITARY DR #103
SAN ANTONIO, TX 78223
27-5384348

CLIENT COPY

TX2023 05-158-A
VER. 14.0 (Rev.9-16/9)

Texas Franchise Tax Report - Page 1

Tcode 13250 ANNUAL

Taxpayer number

Report year

Due date

8782 2023 05/15/2023

Taxpayer name 6 TO 9 DENTAL TEXAS PLLC				Secretary of State file number or Comptroller file number 0801393330	
Mailing address 2603 SE MILITARY DR #103					
City SAN ANTONIO	State TX	Country US	ZIP code plus 4 78223	Check box if the address has changed <input type="checkbox"/>	
Check box if this is a combined report <input type="checkbox"/>		Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/>		Check box to request a Certificate of Account Status <input type="checkbox"/>	
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

** If not twelve months, see instructions for annualized revenue

Accounting year begin date**		Accounting year end date		SIC code	NAICS code
m	m	d	d	y	y
0	1	0	1	2	2
010122		123122		8021	621210

REVENUE (Whole dollars only)

1. Gross receipts or sales	1. 1512990.00
2. Dividends	2. 0.00
3. Interest	3. 428.00
4. Rents (can be negative amount)	4. 0.00
5. Royalties	5. 0.00
6. Gains/losses (can be negative amount)	6. 444552.00
7. Other income (can be negative amount)	7. 0.00
8. Total gross revenue (Add items 1 thru 7)	8. 1957970.00
9. Exclusions from gross revenue (see instructions) (item 8 minus item 9 if less than zero, enter 0)	9. 0.00
10. TOTAL REVENUE	10. 1957970.00

COST OF GOODS SOLD (Whole dollars only)

11. Cost of goods sold	11. 0.00
12. Indirect or administrative overhead costs (Limited to 4%)	12. 0.00
13. Other (see instructions)	13. 0.00
14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13)	14. 0.00

COMPENSATION (Whole dollars only)

15. Wages and cash compensation	15. 1117758.00
16. Employee benefits	16. 5013.00
17. Other (see instructions)	17. 0.00
18. TOTAL COMPENSATION (Add items 15 thru 17)	18. 1122771.00

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>



TX2023 05-158-B
VER. 14.0 (Rev.9-16/9)

Texas Franchise Tax Report - Page 2

Tcode 13251 ANNUAL

Taxpayer number	Report year	Due date	Taxpayer name
8782	2023	05/15/2023	6 TO 9 DENTAL TEXAS PLLC

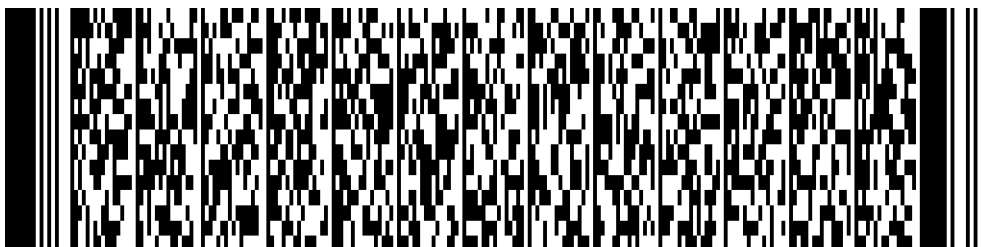
MARGIN (Whole dollars only)		
19. 70% revenue (item 10 x .70)	19.	1370579.00
20. Revenue less COGS (item 10 - item 14)	20.	1957970.00
21. Revenue less compensation (item 10 - item 18)	21.	835199.00
22. Revenue less \$1 million (item 10 - \$1,000,000)	22.	957970.00
23. MARGIN (see instructions)	23.	835199.00
APPORTIONMENT FACTOR		
24. Gross receipts in Texas (Whole dollars only)	24.	1957970.00
25. Gross receipts everywhere (Whole dollars only)	25.	1957970.00
26. APPORTIONMENT FACTOR (Divide item 24 by item 25, round to 4 decimal places)	26.	1.0000
TAXABLE MARGIN (Whole dollars only)		
27. Apportioned margin (Multiply item 23 by item 26)	27.	835199.00
28. Allowable deductions (see instructions)	28.	0.00
29. TAXABLE MARGIN (item 27 minus item 28)	29.	835199.00
TAX DUE		
30. Tax rate (see instructions for determining the appropriate tax rate)	30.	0.007500
31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and cents)	31.	6264.00
TAX ADJUSTMENTS (Dollars and cents) (Do not include prior payments)		
32. Tax credits (item 23 from Form 05-160)	32.	0.00
33. Tax due before discount (item 31 minus item 32)	33.	6264.00
34. Discount (see instructions, applicable to report years 2008 and 2009)	34.	0.00
TOTAL TAX DUE (Dollars and cents)		
35. TOTAL TAX DUE (item 33 minus item 34)	35.	6264.00

Do not include payment if item 35 is less than \$1,000 or if annualized total revenue is less than the no tax due threshold (see instructions). If the entity makes a tiered partnership election, ANY amount in item 35 is due. Complete Form 05-170 if making a payment.

Print or type name VIRGINIA HUMPHREY		Area code and phone number (650) 796-1341
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
sign here	Date	

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

Texas Comptroller Official Use Only



VE/DE	
PM Date	



TX2023 05-102
VER. 14.0 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

Tcode 13196

Taxpayer number

Report year

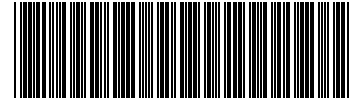
You have certain rights under Chapter 552 and 559,
Government Code, to review, request and correct information
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name 6 TO 9 DENTAL TEXAS PLLC		Check box if the mailing address has changed. <input type="checkbox"/>	
Mailing address 2603 SE MILITARY DR #103		Secretary of State (SOS) file number or Comptroller file number	
City SAN ANTONIO	State TX	ZIP code plus 4 78223	0801393330

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 2603 SE MILITARY DR #103, SAN ANTONIO, TX 78223
Principal place of business 2603 SE MILITARY DR #103, SAN ANTONIO, TX 78223

You must report officer, director, member, general partner and manager information as of the date you complete this report.



Please sign below! This report must be signed to satisfy franchise tax requirements.

8223

SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

Name VIRGINIA HUMPHREY	Title MEMBER	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 13701 TRAILSIDE LN	City LIVE OAK	State TX	ZIP Code 78233
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
--	--------------------	-------------------------------	-------------------------

Registered agent and registered office currently on file (see instructions if you need to make changes)
Agent: VIRGINIA P. H. THOMAS

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

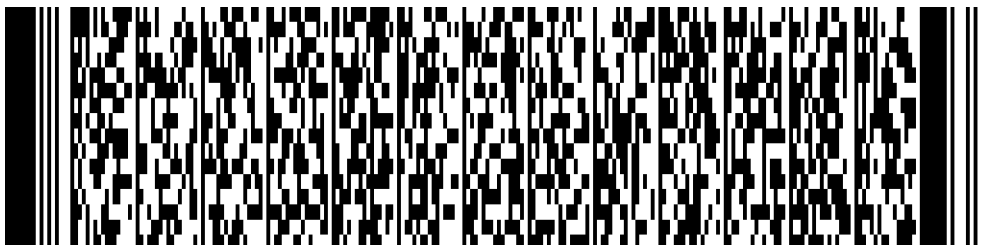
Office: 2603 SE MILITARY DR #103	City SAN ANTONIO	State TX	ZIP Code 78223
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The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	Title MEMBER	Date	Area code and phone number (650) 796-1341
-----------	-----------------	------	--

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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